FUNDAMENTALS OF ENDOSCOPIC SURGERY (FES) WRITTEN PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Which minor complication is associated with PEG/PEJ placement?

A. Peritonitis

B. Tube migration

C. Wound infection

D. Gastrocolic fistula formation

2. Which complication has the lowest occurrence rate during upper GI endoscopy?

A. Perforation

B. Oxygen desaturation

C. Cardiac arrest

D. Hypotension

3. What might indicate a need for gastric decompression via PEG?

A. Crohn's disease

B. Heart disease

C. Gastric outlet obstruction

D. Kidney stones

4. What type of larger polyps may require a net for retrieval?

A. Small and sessile

B. Focal and inflamed

C. Cystic and fluid-filled

D. Larger polyps

5. What is a recommended practice to prevent complications when injecting colonic lesions with india ink?

A. Inject rapidly to minimize time

B. Perform in a standing position

C. Clamp the bowel proximal to the lesion

D. Use a large bore needle

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6. What is the primary purpose of using short bursts of monopolar current in polyp removal?

A. To prevent thermal damage

B. To quickly excise the polyp

C. To increase the power of the cautery

D. To prevent smoke generation

7. Which bowel prep is considered safe for patients with liver disease?

A. Polyethylene glycol

B. Sodium phosphate

C. Isoosmotic preparation

D. Hyperosmotic solutions

8. In the context of bile duct cannulation, which method has been shown to be beneficial?

A. Random multiple attempts

B. Guided approach with a stent or guidewire

C. Blind cannulation

D. Synchronous approach

9. What does the thermal buffer created by mucosal resection help to protect?

A. The outer layer of the bowel wall

B. The deeper layers of the bowel or stomach wall

C. The polyp itself during resection

D. The patient's overall health

10. Which of the following solutions is an example of a hyperosmotic preparation?

A. Polyethylene glycol

B. Magnesium citrate

C. Sodium bicarbonate

D. Dextrose solution

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Answers

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1. C
2. A
3. C
4. D
5. C
6. A
7. C
8. B
9. B
10. B

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Explanations

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1. Which minor complication is associated with PEG/PEJ placement?

A. Peritonitis

B. Tube migration

C. Wound infection

D. Gastrocolic fistula formation

The minor complication associated with PEG (Percutaneous Endoscopic Gastrostomy) or PEJ (Percutaneous Endoscopic Jejunostomy) placement that is commonly recognized is wound infection. This complication can arise due to the insertion of the feeding tube through the abdominal wall, which may introduce bacteria into the wound site. Although the procedure is generally safe, the risk of infection is a notable concern that requires monitoring and appropriate postoperative care. Wound infections are typically localized and manageable with antibiotics or other supportive care, and they are more common compared to other complications, such as peritonitis or gastrocolic fistula formation, which are considered more serious and less frequent occurrences. Tube migration, while a relevant concern, is usually not categorized as a minor complication in the same context as wound infections.

2. Which complication has the lowest occurrence rate during upper GI endoscopy?

A. Perforation

B. Oxygen desaturation

C. Cardiac arrest

D. Hypotension

Perforation during upper gastrointestinal endoscopy is a serious complication but has a relatively low occurrence rate compared to other complications. The overall risk of perforation in patients undergoing upper GI endoscopy is estimated to be very low, typically in the range of 0.1% to 0.2%. This is due to advancements in endoscopic techniques, improved training, and the use of more sophisticated instruments that allow for safer navigation through the gastrointestinal tract. Oxygen desaturation, cardiac arrest, and hypotension, while potentially serious, occur more frequently during upper GI endoscopy. Oxygen desaturation can happen due to sedation or patient positioning, and it is a common concern in a variety of procedural settings. Cardiac arrest can occur, particularly in patients with underlying health conditions, but it is also relatively uncommon compared to other adverse events. Hypotension may be observed as a result of sedative medications or as a reaction to pain or stimulation during the procedure. In summary, while all complications should be monitored and managed, perforation is recognized as having the lowest occurrence rate among the options presented, making it comparatively rare in the context of upper GI endoscopy.

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3. What might indicate a need for gastric decompression via PEG?

A. Crohn's disease

B. Heart disease

C. Gastric outlet obstruction

D. Kidney stones

The indication for gastric decompression via percutaneous endoscopic gastrostomy (PEG) is primarily associated with situations where there is a need to alleviate pressure or reduce gastric distension. Gastric outlet obstruction is a condition where the passage of contents from the stomach to the duodenum is blocked, which can lead to significant gastric distention, vomiting, and pain. In these instances, gastric decompression is required to relieve these symptoms and prevent further complications. A PEG tube allows for the continuous drainage of gastric contents, which helps to decompress the stomach and provide symptomatic relief. By providing an access point for decompression, a PEG tube can also facilitate nutritional support for patients who are unable to consume food orally, particularly in cases where they have ongoing obstruction. The other conditions listed do not typically require gastric decompression through a PEG tube. Crohn's disease may lead to obstruction but is not a direct indication on its own. Heart disease can complicate surgical decisions but does not necessitate gastric decompression. Kidney stones likewise do not have a relation to gastric distension and do not require this type of intervention. Therefore, gastric outlet obstruction stands out as the clear indication for the need for gastric decompression via a PEG.

4. What type of larger polyps may require a net for retrieval?

A. Small and sessile

B. Focal and inflamed

C. Cystic and fluid-filled

D. Larger polyps

Larger polyps often require a net for retrieval due to their size, which increases the likelihood that they cannot be easily grasped with standard endoscopic tools such as forceps. The use of a retrieval net allows for safer and more effective removal of these larger lesions, minimizing the risk of fragmentation or leaving behind parts of the polyp that could lead to complications or recurrence. In the context of polyp retrieval, the size and structure of the polyp are critical factors. Larger polyps may be more difficult to manage due to their volume and morphology, making a net, which is designed to encompass and secure the polyp, a useful tool during endoscopic procedures. By using a net, the clinician can ensure that the entire polyp is captured and extracted in one piece, facilitating a more straightforward and complete resection. Smaller polyps, sessile ones, or those that are inflamed might be more amenable to standard retrieval techniques and may not necessitate the specialized approach that larger polyps do. Cystic or fluid-filled polyps could also pose different challenges that may not directly correlate with size alone, hence they may not consistently require a net for retrieval. The emphasis on larger polyps highlights the need for appropriate tools and techniques

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5. What is a recommended practice to prevent complications when injecting colonic lesions with india ink?

A. Inject rapidly to minimize time

B. Perform in a standing position

C. Clamp the bowel proximal to the lesion

D. Use a large bore needle

Clamping the bowel proximal to the lesion is a recommended practice when injecting colonic lesions with india ink to help prevent complications. This technique allows for better control of the injection site by reducing the movement of the bowel and minimizing the risk of spillage or leakage of the ink into surrounding tissues. By limiting bowel distension and ensuring the lesion remains accessible, the healthcare provider can achieve a more precise injection, which is critical for accurate visualization during subsequent procedures or assessments. Ensuring that the area is stable helps in delivering the appropriate volume of ink to the intended site, enhancing the efficacy of the marking and reducing the risk of complications such as perforation or infection. This practice emphasizes the importance of control during endoscopic procedures, particularly when utilizing substances like india ink that are meant to delineate lesions for further treatment or assessment.

6. What is the primary purpose of using short bursts of monopolar current in polyp removal?

A. To prevent thermal damage

B. To quickly excise the polyp

C. To increase the power of the cautery

D. To prevent smoke generation

The primary purpose of using short bursts of monopolar current in polyp removal is to prevent thermal damage. This technique allows for precise application of energy to the tissue being treated while minimizing the impact on surrounding healthy tissue. By utilizing short bursts, the heat generated by the current is limited, which helps to avoid excessive thermal diffusion into adjacent structures that could lead to unwanted injury or complications. When polyp removal is performed with precision, it not only enhances the safety of the procedure but also improves the overall outcomes for the patient, including reducing recovery time and potential complications. This careful control of thermal effects is vital, especially in delicate areas where tissue integrity is crucial. Thus, employing short bursts of monopolar current effectively balances the need for adequate dissection with the necessity of preserving surrounding anatomy.

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7. Which bowel prep is considered safe for patients with liver disease?

A. Polyethylene glycol

B. Sodium phosphate

C. Isoosmotic preparation

D. Hyperosmotic solutions

Isoosmotic preparations are considered safe for patients with liver disease primarily because they maintain a similar osmotic balance to that of the body fluids. This quality helps to prevent excessive water shifts that could lead to complications such as dehydration or electrolyte imbalances, which can be particularly concerning in patients with liver dysfunction. In individuals with compromised liver function, any significant fluctuation in fluid and electrolyte balance can exacerbate their condition, leading to further complications. Polyethylene glycol, while often safe for many patients, may cause some degree of fluid shifts and is osmotically balanced but still should be used with caution in those with severe liver issues due to potential risk of volume overload. Sodium phosphate solutions can pose significant risks in patients with renal impairment or heart failure, conditions that may coexist with liver diseases. Hyperosmotic solutions can draw fluid into the bowel, potentially leading to dehydration, which is particularly dangerous for patients with already compromised liver function. Thus, isoosmotic preparations are preferred to mitigate these risks and provide a safer bowel cleansing option.

8. In the context of bile duct cannulation, which method has been shown to be beneficial?

A. Random multiple attempts

B. Guided approach with a stent or guidewire

C. Blind cannulation

D. Synchronous approach

In bile duct cannulation, the guided approach using a stent or guidewire is considered beneficial because it enhances the likelihood of successful cannulation and reduces the risk of complications. This method provides visual and tactile feedback, which helps the clinician maneuver accurately within the complex anatomy of the bile duct system. By using a guidewire, the operator can navigate through strictures or anomalies more effectively, facilitating the placement of the cannula in the desired location. Utilizing a stent or guidewire also allows for the establishment of access to the duct before attempting further interventions, such as balloon dilation or the passage of therapeutic instruments. This method is particularly advantageous when dealing with challenging cases, where other techniques may lead to failure or injury. Furthermore, the guided approach mitigates the risks associated with random or blind attempts, which can result in complications such as pancreatitis, perforation, or injury to surrounding structures. In contrast, other methods like random multiple attempts or blind cannulation often lack precision and can increase the likelihood of adverse outcomes, making them less favorable choices in clinical practice.

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9. What does the thermal buffer created by mucosal resection help to protect?

A. The outer layer of the bowel wall

B. The deeper layers of the bowel or stomach wall

C. The polyp itself during resection

D. The patient's overall health

The thermal buffer created by mucosal resection is crucial for protecting the deeper layers of the bowel or stomach wall. During endoscopic procedures that involve mucosal resection, the aim is to remove abnormal tissue while minimizing damage to the underlying structures. When resecting mucosal tissue, the thermal buffer helps dissipate heat generated by the electrosurgical instruments used during the procedure. This is important because excessive heat can lead to thermal injury, which can compromise the integrity of deeper layers of the bowel wall, potentially resulting in complications such as perforation or delayed healing. Therefore, the thermal buffer function is essential in ensuring that the deeper layers remain untouched and intact, which ultimately contributes to better outcomes post-resection and reduces the risk of adverse effects associated with thermal injury.

10. Which of the following solutions is an example of a hyperosmotic preparation?

A. Polyethylene glycol

B. Magnesium citrate

C. Sodium bicarbonate

D. Dextrose solution

A hyperosmotic preparation is characterized by its ability to draw water into the intestines or a specific area, thereby increasing osmolarity and promoting fluid shifts. Magnesium citrate fits this definition, as it has a high osmotic potential due to its ionic composition. This hyperosmotic solution can effectively attract water into the gastrointestinal tract, which is why it is commonly used as a laxative to relieve constipation or to prepare the bowel for procedures. In contrast, polyethylene glycol is an isotonic solution often used to clean out the intestines, rather than being hyperosmotic. Sodium bicarbonate does not exert a hyperosmotic effect but rather functions to neutralize acid. Dextrose solution, although a sugar solution, is also not hyperosmotic in the same sense, as it does not significantly draw water into the intestines compared to magnesium citrate. The action of magnesium citrate as a hyperosmotic agent is key to its use in clinical practice.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

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We wish you the very best on your exam journey. You've got this!

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